

Form 941 for 2005: Employer's Quarterly Federal Tax Return

(Rev. January 2005)

Department of the Treasury — Internal Revenue Service

9901

OMB No. 1545-0029

Employer identification number —

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

Report for this Quarter ... (Check one.)

- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☐ 3: July, August, September
- ☐ 4: October, November, December

Read the separate instructions before you fill out this form. Please type or print within the boxes.

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: *Mar. 12* (Quarter 1), *June 12* (Quarter 2), *Sept. 12* (Quarter 3), *Dec. 12* (Quarter 4) **1**

2 Wages, tips, and other compensation **2**

3 Total income tax withheld from wages, tips, and other compensation **3**

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

5 Taxable social security and Medicare wages and tips:

	Column 1	Column 2
5a Taxable social security wages	<input type="text"/>	<input type="text"/>
5b Taxable social security tips	<input type="text"/>	<input type="text"/>
5c Taxable Medicare wages & tips	<input type="text"/>	<input type="text"/>
5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d)	<input type="text"/>	
6 Total taxes before adjustments (lines 3 + 5d = line 6)	<input type="text"/>	
7 Tax adjustments (If your answer is a negative number, write it in brackets.):		
7a Current quarter's fractions of cents	<input type="text"/>	
7b Current quarter's sick pay	<input type="text"/>	
7c Current quarter's adjustments for tips and group-term life insurance	<input type="text"/>	
7d Current year's income tax withholding (Attach Form 941c)	<input type="text"/>	
7e Prior quarters' social security and Medicare taxes (Attach Form 941c)	<input type="text"/>	
7f Special additions to federal income tax (reserved use)	<input type="text"/>	
7g Special additions to social security and Medicare (reserved use)	<input type="text"/>	
7h Total adjustments (Combine all amounts: lines 7a through 7g.)	<input type="text"/>	
8 Total taxes after adjustments (Combine lines 6 and 7h.)	<input type="text"/>	
9 Advance earned income credit (EIC) payments made to employees	<input type="text"/>	
10 Total taxes after adjustment for advance EIC (lines 8 – 9 = line 10)	<input type="text"/>	
11 Total deposits for this quarter, including overpayment applied from a prior quarter	<input type="text"/>	
12 Balance due (lines 10 – 11 = line 12) Make checks payable to the <i>United States Treasury</i>	<input type="text"/>	
13 Overpayment (If line 11 is more than line 10, write the difference here.)	<input type="text"/>	

Check one ☐ Apply to next return.
☐ Send a refund.

Next ➔

Name (not your trade name)

Employer identification number

Part 2: Tell us about your deposit schedule for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see *Pub. 15 (Circular E)*, section 11.

14 Write the state abbreviation for the state where you made your deposits OR write "MU" if you made your deposits in *multiple* states.

15 Check one: ☐ Line 10 is less than \$2,500. Go to Part 3.

☐ You were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. Then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total

Total must equal line 10.

☐ You were a semiweekly schedule depositor for any part of this quarter. Fill out *Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors*, and attach it to this form.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

16 If your business has closed and you do not have to file returns in the future ☐ Check here, and enter the final date you paid wages / / .

17 If you are a seasonal employer and you do not have to file a return for every quarter of the year . . . ☐ Check here.

Part 4: May we contact your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name

Phone


 () -

Personal Identification Number (PIN)

☐ No.

Part 5: Sign here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

 Sign your name here

Print name and title

Date

 / /

Phone

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Part 6: For paid preparers only (optional)

Preparer's signature

Firm's name

Address

EIN

ZIP code

Date

 / /

Phone

 () -

SSN/PTIN

☐ Check if you are self-employed.